

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JUL 18 2018

NEW HAMPSHIRE

| I. Name of Lobbyist(s) | Pierce Haley | , | | DEPARTMENT OF ST |
|--|--|-------------------|--|------------------------------|
| II. Name of lobbyist's pa | rtnership, firm or co | rporation, if a | ny: | |
| Serlin 1 | Haley LLP | | | |
| (Name of | partnership, firm or cor | poration) | | |
| 51 Franklir | 1 Street | Boston | MA | 02110 |
| Business Address: (Street) | | (Town/City) | (State) | (Zip Code) |
| (617) 778-1200 | (617) | 778-1300 | e-mail phaley@sea | rlinhaley.com |
| (Telephone) | | (Fax) |) | |
| reportable expense trans | actions which are no | t attributable | , | |
| All reportable transacti | ions occurring in the i | nonths prior to | the reporting date relative to the | tollowing chent: |
| | Distilled Spirits | | | |
| OR (Ft | Ill Name of Client as it | appears on the Lo | obbyist Registration Form) | |
| | | ncluding the lob | obyist's family), or the lobbying | firm listed below which are |
| | pril 25, 2018 com date of registration | 10 3/31/18 | July 25, 2018 activity from 4/1/18 to 6/30/18 | |
| | ctober 31, 2018 | 10 3/31/10 | January 30, 2019 | |
| | vity from 7/1/18 to 9/30/ | 18 | activity from 10/1/18 to 12/31/1 | 18 |
| | | | e transactions made since th he Secretary of State's Office, St | |
| VI. Check if additional re | anarte are attached: | | | |
| | • | ıres, vou must f | ile Addendum A- Fees and Ex | penses |
| | | | ou must file Addendum B Rep | |
| If you, your firm, or yo | our family has made p | political contrib | utions, you must file Addendur | n C- Political Contributions |
| (Signature of lobbyist) Pierce J. Haley | 15-B, RSA 14-C and | | ereby swear or affirm that the fo | |
| (Print Name of lobbyist) | | | | |

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Pierce Haley | | |
|--|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | | |
| Serlin Haley LLP | | |
| (Name of partnership, firm or corporation) | | |
| III. Name of Client Distilled Spirits Council of the United States | Date _ | 07/16/2018 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: a) Total of all fees received in this reporting period | relations, o oss fee amo | or public relations services bunt reported shall not be |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y | b) \$ear) | 5,000.00 |
| c) Total of all fees received to date (Add lines a and b) | c) \$ | 0,000.00 |
| Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ | 0,000,00 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expendividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if may be file e aggregate expenses; (b) le: meals pu ss than \$10 ed with a va orting period ue of greate er than \$25 expense re | expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all archased during a business that is given to the persor lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50 eimbursement, or politica |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ | 0.00 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ | 0.00 |
| c) Total of all itemized expenditures reported in detail in section VI | 26 | 0.00 |

| d) Total expenses for this reporting period | d) \$ | 0.00 |
|--|------------|--------------------------|
| (Add lines a, b and c) | | |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ | 6,00 |
| f) Total of all expenses year to date | f) \$ | 0.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged. | obbying fe | es during this reporting |
| Paid to: | Amount | : |
| None | \$ | 0,00 |
| | \$ | 0,00 |
| | | |
| | | |
| | \$ | |
| | \$ | |
| | | |
| | | |
| | | |
| Sworn Statement/Affirmation by Lobbyist | | |
| | m that tha | foregoing information |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief. | m mat me | toregoing information |
| | | |
| J. J. TIV | | 7/16/2018 |
| (Signature of lobbyist) | | (Date) |
| Pierce J. Haley | | |
| (Print Name of lobbyist) | | |

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s) | Pierce J. Haley | | | |
|--|---|------------------------|--|--|
| II. Name of lobbyist's pa | artnership, firm or cor | poration, if any: | | |
| | Serlin Haley LLP | | | |
| (Name of p | artnership, firm or corporation) | | | |
| | • | Date 1 Const. | 03/1/2010 | |
| III. Name of Client Disti | ilea Spirits Council of the | United States | Date07/16/2018 | |
| Political Contributions | | | | |
| | oution that is reportable | pursuant to RSA Char | oter 664 paid on behalf of the | |
| client/lobbyist and lobby | | | · | |
| | | | CONTRACTOR OF THE CONTRACTOR O | |
| | | | | |
| | | | | |
| Full name of candidate: | Sanborn (Last Name) | Laurie (First Name) | (Middle Name/Initial) | |
| | | • | ` | |
| Amount of contribution \$_ | \$125.00 | Office Candidate | is Seeking State Representative | |
| If the contribute it is | ideal considered to the | . 4 | ds or services provided, and enter the | |
| Full name of candidate: | | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) | |
| Amount of contribution \$ | | Office Candidate i | Office Candidate is Seeking | |
| | ontribution on the line abo | | ds or services provided, and enter the oution. If the actual cost is not known | |
| | | | | |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) | |
| Full name of candidate: Amount of contribution \$ | (Last Name) | | (Middle Name/Initial) s Seeking | |

| If the contribution is an in-kind contribution, provide a describing actual cost of the in-kind contribution on the line above for a | |
|--|--|
| enter an estimated value and the word "estimate." | unount of contribution. If the actual cost is not known, |
| | |
| | |
| | |
| | |
| (If more than three contributions were made, report additional cont | ributions on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and b | |
| /// <u> </u> | |
| F1.THUY | 07/16/2018 |
| (Signature of lobbyist) | (Date) |
| Pierce J. Haley | |
| (Print Name of lobbyist) | |

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